

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	AS	69701	9/18
O.I.P.E. CLASSIFIER			1-2-1-1-1-1
FORMALITY REVIEW	NF	5C855	10-23-00
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)... Canceled  
 ÷ ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
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If more than 150 claims or 10 actions  
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